

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2	1						52	
3	1						53	
4	1						54	
5	1						55	
6	1						56	
7	1						57	
8	1						58	
9	1						59	
10	1						60	
11	1						61	
12	1						62	
13	1						63	
14	1						64	
15	1						65	
16	1						66	
17	1						67	
18	1						68	
19	1						69	
20	1						70	
21	1						71	
22	1						72	
23	1						73	
24	1						74	
25		24					75	
26		24					76	
27		24					77	
28	1						78	
29	1						79	
30	1						80	
31	1						81	
32	1						82	
33		2					83	
34		2					84	
35		2					85	
36	1						86	
37	1						87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	31						TOTAL IND.	
TOTAL DEP.	78						TOTAL DEP.	
TOTAL CLAIMS	109						TOTAL CLAIMS	